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Bib Data Sheet

CONFIRMATION NO. 9684

<b>SERIAL NUMBER</b> 10/040,269	<b>FILING DATE</b> 10/29/2001 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 018563-001120US
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## APPLICANTS

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IDS #4  
act #5

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/454,278 12/03/1999 PAT 6,309,215  
WHICH CLAIMS BENEFIT OF 60/110,881 12/04/1998  
AND IS A CIP OF 09/466,353 12/17/1999  
AND IS A CIP OF 08/947,080 10/08/1997 PAT 5,975,893  
WHICH CLAIMS BENEFIT OF 60/050,342 06/20/1997  
AND IS A CIP OF 09/250,962 02/16/1999 PAT 6,183,248  
WHICH CLAIMS BENEFIT OF 60/110,189 11/30/1998 1999  
AND IS A CIP OF 09/169,034 10/08/1998  
AND IS A CIP OF 08/947,080 10/08/1997 PAT 5,975,893  
WHICH CLAIMS BENEFIT OF 60/050,342 06/20/1997 \*  
(\*Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

PCT/US98/12861 06/19/1998

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/12/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

20350

## TITLE

Attachment devices and methods for a dental appliance

**FILING FEE RECEIVED**  
954

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____

	<input type="checkbox"/> Credit
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